

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JAN 6 1942

Registration District No. 705

Primary Registration District No. 5934

Registrar's No. 11

1. PLACE OF DEATH:

- (a) County. Polk
(b) City or town. Hallway, Benton Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether)
In this community. 74 yrs. (years, months or days)

3. (a) PRINT FULL NAME Rebecca Jane Breshears

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced. 9

6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if

7. Birth date of deceased April 30 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 8 20 hr. min.

9. Birthplace Near Mt Gilead
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

12. Name Jonathan A. Burlison

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Wanda M. Clark

15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant William Breshears

(b) Address Hallway Missouri

17. (a) Burial (b) Date thereof Dec 20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Gilead

18. (a) Signature of funeral director Dutcheson & Co.

(b) Address Bolivar Missouri

19. (a) 12-24-41 (b) Mary Lammell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Polk & PL
(c) City or town Rural 2 1/2 north + east of Hallway
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1941 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from Oct. 5
_____ 1941 to Dec - 1 1941;
that I last saw his alive on Dec - 1 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency
mitral disease
Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. B. Burlison (M. D. or other) 0
Address Bolivar, Mo Date signed 12-22-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 12-41-2067

Date Filed 1-2-82

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1331

P. O. Address Bolton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.